

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10660766  
APPLICANT(S)

FILING DATE 9-12-03

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	1				
2						
3		1				
4		2				
5		3				
6	1					
7		1				
8		2				
9						
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	11					
TOTAL CLAIMS	13					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						